Proposal Cover Sheet (New and Existing Operators)

Applicant Information

COMPLETE THIS PAGE ONLY ONCE REGARDLESS OF THE NUMBER OF SCHOOLS PROPOSED.

Name of applicant organization: Primary contact person:				Collegiate Academ	nies				
			son:	Riley Kennedy	Riley Kennedy				
Mailin	ıg addre	ss:							
Street/Po Box:	0 5	5552 Re	ad Blv	⁄d.					
City:	New Orl	eans			State:	La	Zip:	70127	
Phone Number: Day : (5		(504) 373-6264	Evenin g:						
Email:	: rkenne	edy@co	llegiat	eacademies.org					

Names, roles, and current employment of all persons on applicant team (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Ben Marcovitz	CEO	Network Leadership Team
Davis Zaunbrecher	Chief Financial Officer	Network Leadership Team
Riley Kennedy	Chief of Staff/Business Manager	Network Leadership Team
Margo Bouchie	Chief Academic Officer	Network Leadership Team
Soraya Verjee	Chief Talent Officer	Network Leadership Team
Stephen Rosenthal	Insurance Executive	Board Chair
Gregory St. Etienne	Investment Advisor	Board Member

Do any of the following describe your organization, or the school/campuses proposed here?

Seeks approval for multiple campuses under a single charter.

X Already operates schools elsewhere in the US.

Will contract or partner with an education service provider. If yes, include the provider's portfolio in answering the below questions regarding pending applications and school openings.

If so, identify the provider:

This provider already operates schools in this state or elsewhere in the US.

NOTE: If the applicant meets the definition of an existing operator, the applicant must complete the Existing operator application. If the applicant intends to contract with a third-party education service provider (ESP), the applicant must complete Addendum 3 for Education Service Providers. An ESP is any third-party entity that provides comprehensive education management services to a school via contract with the school's governing board.

Does this applicant team have charter school applications under consideration by any other authorizer(s) in the United States?

X Yes

No

If yes, complete the table below, adding lines as needed.

State	Authorizer	Proposed School Name	Application Due Date	Decision Date
LA	East Baton Rouge Public Schools	TBD	3/3/2016	6/2/2016

Does this applicant team have new schools or campuses scheduled to open in the United States in the next two school years? X Yes

If yes, complete the table below, adding lines as needed.

Planned School Name	City	Stat e	Openin g Date
Livingston Collegiate	New Orleans	LA	8/16

Does this applicant team have new schools or campuses approved but scheduled to open in additional years? X Yes

If yes, complete the table below, adding lines as needed.

Authorizer	# of Schools	City(s)	State
Louisiana Recovery School District	TBD	TBD	LA

School Information

COMPLETE THIS PAGE FOR EACH SCHOOL/CAMPUS INCLUDED IN THIS PROPOSAL. Duplicate as needed.							
Proposed School/Campus Name			Grades served: year one		Grades served: capacity		
To Be Determined (Collegiate Academie	es)			9 _{th}		9th - 12th	
	Proposed Loc	ation					
School District: Identify the school district where the charter school will be located. Jackson Public Schools							
Address of identified facility if applicable:			N/A				
Projected Demographic Information %FRL: 90%			90%	%SpE	17%	%ELL:	< 5%
Model/Specialty (check all that apply)							
X College Prep							

Proposed Principal/Head of School (if known)

Name of proposed candidate: To Be Determined

Current employment:

Phone Number: Day: Evening:

Email:

Campus Enrollment Projection:

Academic Year (specify)	Planned # of Students	Maximum # of Students	Grade Levels Served
2018	120	120	9th
2019	240	240	9th-10th
2020	370	370	9th-11th
2021	470	470	9th-12th
2022	470	470	9th-12th
At Capacity	470	470	9th-12th

LETTER OF INTENT

This letter of intent (LOI) serves to provide a formal notice to the Mississippi Charter School Authorizer Board (MCSAB) regarding our intention to submit a proposal for opening a charter school.

Name of applicant organization:	Collegiate Academies					
Primary contact person:	Riley Kennedy					
Mailing address:						
Street/PO Box: 5552 Read Blvd.						
City : New Orleans		State:	LA	Zip: 70127		
Phone Number: Day: (5	04) 373-6264	Evening:				
Email: rkennedy@collegiate	academies.org	<u>-</u>				
We plan to apply as a:						
New operator	X Existing operator		Conversi	on operator		

Do any of the following describe your organization, or the school/campuses you will propose?

Seeks approval for multiple campuses under a single charter.

X Already operates schools elsewhere in the US.

Will contract or partner with an education service provider.

If so, identify the provider:

This provider already operates schools in this state or elsewhere in the US.

Provide the names of all members of the applicant team (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Ben Marcovitz	CEO	Network Leadership Team
Davis Zaunbrecher	Chief Financial Officer	Network Leadership Team

Riley Kennedy	Chief of Staff/Business Manager	Network Leadership Team
Margo Bouchie	Chief Academic Officer	Network Leadership Team
Soraya Verjee	Chief Talent Officer	Network Leadership Team
Stephen Rosenthal	Insurance Executive	Board Chair
Gregory St. Etienne	Investment Advisor	Board Member

Provide the names of all members of the proposed governing board of the school (add lines as needed):

Full Name	Current Job Title	Position with Proposed School
Stephen Rosenthal	Insurance Executive	Board Chair
Gregory St. Etienne	Investment Advisor	Board Member
TBD		Board Member

Provide the names of all members of the proposed leadership team of the school (add lines as needed):

Full Name	Current Job Title and Employer	Position with Proposed School
Ben Marcovitz	CEO	Network Leadership Team
Davis Zaunbrecher	Chief Financial Officer	Network Leadership Team
Riley Kennedy	Chief of Staff/Business Manager	Network Leadership Team
Margo Bouchie	Chief Academic Officer	Network Leadership Team
Soraya Verjee	Chief Talent Officer	Network Leadership Team

COMPLETE THIS PART FOR EACH SCHOOL/CAMPUS YOU INTEND TO PROPOSE.

Cabaal/Campua Nama		Opening year	Grades served year one	Grades served at capacity	
Name TBD (Collegiate Academies)		2018-19	9th	9th — 12th	
Proposed Location					
School District: Identify the school district where the charter school will be located.	Jack	son Public	Schools		

Model/Specialty (check all that apply)			
X College Prep			
Proposed School Description			
Provide the mission statement of the proposed school.	Our Mission: Collegiate Academies creates and supports high schools that prepare all scholars for college success. Our Strategy: Collegiate Academies believes that all children deserve the opportunity to choose ambitious post-secondary pathways. For many, we believe the most rigorous post-secondary option is a college degree. As such, we prepare all scholars for college success. Our belief that high school is not too late to achieve this goal distinguishes Collegiate Academies from other operators.		
In 100 words or less, briefly describe the instructional focus of the proposed school.	To achieve the high levels of success for which we aim, we: (1) hire and develop great teachers, (2) develop a culture that promotes growth, (3) focus on college readiness for all scholars, and (4) use data to drive all decisions. Every school in the Collegiate Academies network must be committed to these fundamental school features, which we have designed and systematized throughout five years of observation, research, and data analysis. Collegiate Academies aims to turn this trend around and lead the students of Jackson beyond basic academic achievement, to college and career readiness.		

Certification

We understand that upon receipt of this letter and accompanying documentation, the MCSAB will evaluate our organization and applicant team against the legal eligibility requirements to determine whether we are eligible to hold a charter in the state of Mississippi. We further understand that in order to be considered in this RFP cycle, we must submit a complete proposal by 3pm CST on May 10, 2016.

I certify that I have the authority to submit this LOI and that all information contained herein is complete and accurate, realizing that any misrepresentation could result in disqualification from the application process. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Riley Kennedy, Chief of Staff	
Name, Role with Applicant Organization	
RSK	7 March 2016
Signature	Date